



Geri-Firm Newsletter

For Patients of the Gainesville VAMC Geriatric Clinic

http://www.va.gov/north-florida/pat_edu.html

PRESSURE ULCERS

Pressure ulcers, also known as bed sores or pressure sores, often occur in persons who cannot move around easily. The skin & tissue underneath break down from continued pressure & poor circulation. When the skin breaks down, it becomes red. Open sores develop after the skin changes. In severe cases, the pressure ulcer causes destruction of muscle or even bone underneath the skin.

Pressure ulcers usually occur in persons who have predisposing risk factors, such as poor nutrition, continued moisture (especially from urine or feces), confinement to a bed or wheelchair, & other medical problems (especially spinal cord injury, hip fracture, or dementia). Because older people are more likely to need a wheelchair or to spend more time sitting in a chair or being confined to bed, they need special attention to prevent formation of a pressure ulcer. It is important for anyone with risk factors to discuss pressure ulcer formation with his or her doctor. Even mild skin redness may be the start of a pressure ulcer.



Why Do Pressure Ulcers Form? Continued pressure on the skin from sitting or lying in one position causes poor circulation. Blood & lymphatic fluid have difficulty going to & leaving the pressurized area, causing both a lack of oxygen & swelling. In persons with poor nutrition or inability to move themselves, this lack of blood flow may cause the skin to break down. It becomes reddened & may tear away from the supporting tissue underneath. If the conditions leading to the pressure ulcer are not rapidly corrected, the skin damage may spread to the tissue, muscle, & even bone underneath. Pressure ulcers can become infected. This may make treatment more difficult.

Prevention & Treatment of Pressure Ulcers:

- Keep skin free of moisture
- Improve nutrition
- Frequently turn or reposition someone who is confined to bed or to a wheelchair
- Air mattresses may be used for high-risk persons
- Correct or treat incontinence
- Special dressings may be used
- Debridement (cutting away dead tissue) or surgery may be required for severe pressure ulcers

For More Information Visit the Following Websites:

National Pressure Ulcer Advisory Panel
American Academy of Family Physicians
National Institutes of Health

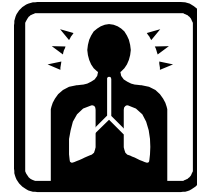
www.npuap.org
<http://familydoctor.org/handouts/039.html>
www.nih.gov/ninr/research/vol3/skin.html

LUNG CANCER

Of all the types of cancer, lung cancer is responsible for the most deaths in men & women. It is estimated that about 169,400 new cases of lung cancer & about 154,900 lung cancer deaths will have occurred in the United States in 2002. Tobacco smoking is thought to be responsible for 8 out of 10 cases of lung cancer. Smoking greatly increases the risk of developing lung cancer because tobacco smoke contains carcinogens (substances that can cause cancer). Exposure to second-hand smoke from being around people who smoke also increases the risk of developing lung cancer. An article in the January 15, 2003 issue of JAMA reports that a screening technique called helical computed tomography using computerized x-ray images is unlikely to be a cost-effective method for early detection of lung cancer in smokers. At this time, stopping smoking is the only proven method for reducing the risk of developing lung cancer.

Symptoms of Lung Cancer:

- Persistent cough
- Constant chest pain
- Fatigue
- Loss of appetite or weight loss
- Recurrent pneumonia
- Swelling of neck & face
- Coughing up blood



Diagnosis:

If lung cancer is suspected, your doctor may order a chest x-ray & a sputum test, in which mucus coughed up from the lungs is analyzed. To confirm the presence of lung cancer, a biopsy may be performed: a small sample of lung tissue is removed & examined for cancerous cells. If lung cancer is diagnosed, your doctor will want to determine the extent of the cancer & whether it has spread to other organs, a process known as staging. Knowing the stage of the disease is important in determining treatment.

Treatment:

Many factors go into determining the best treatment for lung cancer, including the stage of the disease, the specific type of cancer cells, the location in the lungs, & the general health of the patient. **Surgery** to remove part of the lung, or in some cases an entire lung, may be performed. Surgery for some tumors may not be possible because of their size or location. **Chemotherapy** (using drugs that kill cancer cells) is commonly used to treat cancer. Chemotherapy drugs are often given by vein. **Radiation Therapy** kills cancer cells by using high-energy rays supplied either by an external source aimed at the tumor or by implanting tiny radioactive particles directly in the tumor. Chemotherapy & radiation therapy can have serious side effects, especially because these two treatments affect healthy as well as cancerous cells. Typical side effects include nausea, vomiting, hair loss, mouth sores, & fatigue.

For More Information:

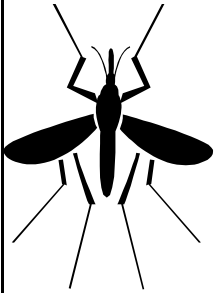
American Cancer Society 800-227-2345 www.cancer.org

National Cancer Institute 800-422-6237 www.cancer.gov

Mosquito-Borne West Nile Virus & Impact on Older Florida Residents

By Helena Chapman (Biology Major UF Class 2003)

Summer months bring mosquito-filled evenings & the aroma of insect repellant to the balmy Florida landscape. They also bring the threat of West Nile virus (WNV) outbreaks, a mosquito-transmitted (Culex) virus.



WNV continues to be a critical concern in 2003. The Washington Post reports that since June, over 26 states have identified viral cases in humans, birds, horses, & other animal species nationwide. The Center for Disease Control & Prevention calculated that there were 4,000 cases of WNV infected citizens nationally & almost 300 deaths in 2002, with the majority of victims over age 50. Fatalities from WNV encephalitis have increased in those elderly victims over the age of 77. Our community must work together with the media to promote health education programs all year long in Florida for citizens of all ages, especially our older population.

WNV victims may experience mild symptoms that include fever, headaches or body aches, whereas those experiencing severe symptoms of encephalitis may complain of high fever or neck stiffness to coma, tremors, muscle weakness, or paralysis. For the most protection from mosquitoes, it is necessary to follow these recommendations:

- Avoid outside activity between the hours of dusk & dawn due to heavy mosquito activity.
- When outdoors, protect yourself with long pants & long-sleeved shirts or insect repellant with DEET.
- Search your house & yard for standing pools of water, such as tires, flower pots, garbage cans, or bird baths, to reduce the mosquito population around your home.
- Make sure that house screens on windows & doors are in excellent condition.
- Notify the state & local health department if you find a dead bird in your yard. Do not touch! Leave for the health department's collection.

These self-care strategies will protect the health of elderly citizens & will reduce the threat of mosquito-borne disease infections & untoward effects in the older population throughout Florida communities.

For More Information Visit the Following Website:

<http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>

COPING WITH DEPRESSION

Some 18 million American men & women suffer from depression. Many individuals who have arthritis are included in these numbers. For them, feelings of sadness or hopelessness can increase tiredness, muscle tension, mental stress & pain. As arthritic symptoms become more serious, the depression grows deeper & the symptoms worsen still further. It's a vicious cycle. Individuals with arthritis may well feel sorry for themselves now & then because their physical health is not what it used to be. They may not be able to take part in many of the activities they once enjoyed. And the pain that always threatens is likely to lower spirits from time to time. The danger occurs when occasional bouts of sadness or self-pity become full-fledged, chronic depression.

The Real Thing: The major sign of true depression is an ongoing feeling of sadness. No matter how hard a person tried to be cheerful, the gloom continues. Over time, depression begins to interfere with an individual's job & social life. Signs of depression include:

- Lack of excitement about living
- Loss of energy
- Difficulty concentrating
- Lack of interest in personal grooming
- Feelings of worthlessness & guilt
- * No interest in the future
- * Sleeping too little or too often
- * Sudden gain or loss of weight
- * Decreased interest in sex

Not every depressed person has all of these symptoms, however. Someone with low-grade depression might experience only two or three. And the symptoms might not be severe enough to interfere with daily living. On the other hand, someone with major depression may have even more troublesome symptoms than those listed above. Crying may be frequent, as may be thoughts of death or suicide. But all people who are seriously depressed have one thing in common: No matter how hard they try to improve their symptoms, they just won't go away.

Looking Deeper: People with such chronic conditions as arthritis have higher rates of depression than do people in the general population. However, the depression may be caused by something other than the chronic illness. Prescription drugs, for example, which are often used to treat arthritis, may be responsible. Among these medications are the nonsteroidal anti-inflammatory drug indomethacin & the corticosteroid prednisone. Certain sedatives & drugs used to regulate heart rate & blood pressure also can have depressive side effects. Other causes of depression include alcohol & drug abuse, thyroid conditions, hormone imbalances, pernicious anemia, & vitamin B deficiency. Individuals who are depressed should be examined to see whether any of these medications or conditions might be causing mood swings.

Where to Turn for Help: If you're constantly experiencing one or more symptoms of depression, you should discuss the matter openly with your physician. He or she may be able to shed some light on your problems, or if not, recommend a professional counselor who has experience dealing with depression. Before talking it over with your doctor, however, it would be wise to do a "stress inventory". Ask yourself what is going wrong with your life. Is it your job? Your marriage? Are you seeing friends often enough? Maybe you will find ways to adjust your life by reading books on the subject & taking new paths of action. If speaking with your doctor or a counselor fails to provide relief, a psychotherapist may provide the support you need. The therapist should be one who listens closely to what you say, offers advice, & conveys a sense of hope. On your part, you must be willing to talk through your problems & take positive steps to brighten your outlook. In some cases, your doctor or therapist may prescribe medication to relieve symptoms of depression.

AGE MAY HOLD KEY TO BLOOD PRESSURE MANAGEMENT

High blood pressure (hypertension) increases a person's risk of developing diseases of the heart & weakened blood vessels. Because this condition rarely has symptoms, going by the numbers—systolic & diastolic pressures, that is—has been the best way to diagnose hypertension & evaluate whether treatment is working. Now, research indicates that which number is more important when interpreting a blood pressure reading seems to depend most on the age of the individual who is being tested.

First, the usual numbers—Blood pressure readings are expressed in a fraction format (“110 over 70”, for example). The top number (the systolic pressure) is a measure of blood pressure against the artery walls when the heart contracts. The bottom number (the diastolic pressure) is a measure of the pressure between beats, when the heart is resting. (Blood pressure is measured in millimeters of mercury, or mm Hg). Repeated readings of 140 mm Hg systolic or 90 mm Hg diastolic or higher suggest you have hypertension. For a long time, the goal of treatment was to lower diastolic pressure. But as doctors have learned more about the effects of hypertension, their outlook has changed. Over the past 10 years, systolic pressure has become the reading to watch. Elevated systolic pressure is now considered a problem even if diastolic pressure is fine. Another number that predicts a person's risk for cardiovascular disease is pulse pressure. This is calculated as systolic pressure minus diastolic pressure. Pulse pressure is thought to reflect the stiffness of blood vessels. The stiffer the blood vessels are, the greater the pressure blood exerts against them with each heartbeat. (The less flexible arteries are more resistant). The higher the systolic pressure, the higher the pulse pressure.

Age Related Shift— New research suggests that we should consider yet another number in the mix: age. According to an analysis from the very large & long-term Framingham Heart Study, the diastolic number is most important among people younger than 50. But as a person grows older, there is a shift to systolic pressure & then to pulse pressure as the best indicator of cardiovascular disease. Researchers aren't certain why this age-related shift occurs.

HELP YOUR HEART—FLOSS YOUR TEETH

Evidence continues to mount that there's a connection between periodontal (tooth & gum) health & heart health. At a recent conference of periodontal researchers, investigators presented the results of research that showed periodontal treatment improves the functioning of endothelial tissue lining the blood vessels & cavities of the heart.

Bacterial Similarities: Other researchers noted that periodontal disease is a bacterial infection that, like heart disease, involves inflammation. When the immune system fights periodontal disease, it might produce substances that affect the heart. A relationship between periodontal disease & heart health is also suggested by the fact that several of the same bacterial organisms have been found in gum disease & the artery-clogging fatty substance plaque. One theory is that a person with gum disease may be sending bacteria into the circulatory system in the process of chewing, & thus promote the formation of plaque. Some authorities feel, though, that the link between heart disease & periodontal disease may be smoking.

Just Keep Flossing: A study now under way is focusing on the effects of treating periodontal infection in people with severe periodontal disease who also have had a heart attack, blocked arteries, or coronary artery or other vascular surgery. The researchers will analyze whether periodontal treatment affects the risk for further major cardiovascular events such as heart attacks. Scientists have yet to prove that flossing & keeping gum disease at bay help prevent heart disease. But you don't have to wait until all the evidence is in to start taking care of your teeth; good oral hygiene will provide its own benefits no matter what.

FACTS ABOUT FALLS



Every year, one in three people over the age of 65 falls. In fact, falls are the leading cause of injury to older people in the United States, causing many to lose their mobility & independence. As we age, our risk of falling increases, & since bones become more fragile as we get older, our risk of broken bones or other serious injury also rises. If you've ever broken a bone, you know that it takes some time to heal. In an older person, this healing process takes even longer than in a younger person, & it can be complicated by illness. But getting older doesn't mean falling is inevitable. For example, you can reduce your risk of falling by exercising regularly, which helps maintain your strength, coordination, & balance. And making some simple changes in your home can cut the risk of falls in half.

How Do I Know If I'm At Risk?

Anyone can fall, at any time. Slippery tubs & throw rugs are a hazard to everyone. But your risk may be even higher if you:

- are older than 65;
- Have osteoporosis, or fragile bones;
- Have a condition that impairs blood flow, such as an irregular heartbeat, high or low blood pressure, or diabetes;
- Have a disease that affects your central nervous system;
- Have poor vision or hearing;
- Have arthritis, hip weakness, or trouble balancing; or
- Use more than one drug (prescription or over-the-counter) regularly.

Many medications can make you dizzy, drowsy, or slow your reaction time, making falls more likely. Also, medications may interact with one another or with alcohol, producing harmful effects that increase your risk of falling.

How Can I Avoid The Problem?

There are many things you can do to help keep yourself from falling. Get regular physical checkups. These should reveal any medical problems that could increase your odds of falling. Be sure to give your doctor a list of all medications you're taking, both prescription & over-the-counter, so you can avoid any possible interactions. Also, ask your doctor if a bone density exam would be useful.

Get enough rest—fatigue can lead to a fall. If you have a history of falling or any physical condition that can lead to falls, use a cane or walker—especially when walking on uneven ground or slippery surfaces. Avoid drinking too much alcohol, & don't smoke (since it can cause heart & blood pressure problems). Wear shoes that fit properly, & never walk in your stocking feet. And since both aging & drugs can cause brief drops in blood pressure, which can make you dizzy, get up slowly from a sitting or lying position.

Staying active is a good way to help your body stay balanced. Even mild exercise, like a daily walk, can help keep your muscles, bones, brain & heart in good working order, so they can keep you upright & help you recover your balance if you lose it suddenly.

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FACTS ABOUT FALLS *(Continued from Page 6)*

Since half of all falls occur in the home, take a walk through yours in daylight & look for ways to make it “fall-proof.” Here are some tips:

- Arrange furniture so you have clear pathways; keep furniture with protruding legs out of frequently used areas.
- Sleep on a bed that’s easy to get into & out of.
- Always have a light within reach, even if it’s just a flashlight. Use nightlights.
- Remove throw rugs or replace them with rugs that have slip-resistant bottoms.
- Clean up spills immediately, & keep clutter off floors & stairways.
- Don’t stand on chairs or boxes to reach items on high shelves.
- Cover bare wood stairs with nonslip treads—never with dark or deep-pile carpets, which make it harder to see the edges of steps.
- Install handrails along stairs, bathtubs, & shower walls.
- Keep the temperature at a comfortable level—being too hot or too cold can make you dizzy.

What Should I Do If I Start To Fall?

If you feel you’re going to fall, try to relax—tensing up can make the fall worse. Try to fall on your side or buttocks. If you do fall, don’t panic. Trying to get up too quickly or in the wrong position may make an injury worse. Instead, take several deep breaths & assess your situation. If you’ve hurt yourself, don’t try to get up. If you can, shout for help or call 911. If you feel strong enough to get up, follow these steps:

- Try to roll over naturally, turning your head in the direction of the roll.
- If you can, crawl to a strong, stable piece of furniture (such as a chair).
- Facing the front of the chair put both hands on the seat.
- Begin to rise—slowly! Bend the knee that’s stronger & keep the other knee on the ground. Slowly twist around & sit in the chair.

After any fall, call your doctor. Make an appointment right away—even if you don’t think you were injured. A complete evaluation of your vision, hearing, & balance may reveal what led to the fall & prevent it from happening again.



BLOOD SUGAR BASICS

Most of the food you eat gets broken down by your body into sugar, which is used as fuel. But sugar can only fuel your body if it's able to get into your cells. That's where insulin comes in. Insulin is a chemical your body makes that acts as a key, unlocking cells & helping the sugar get in. If your body doesn't make enough insulin, or if the insulin doesn't work right, you have a condition called diabetes mellitus. When a person has this condition, the sugar stays in the blood because it can't get into the cells.

Having too much sugar in the blood is called hyperglycemia; having too little is called hypoglycemia. Both conditions can affect people with diabetes mellitus—and can cause serious problems, including nerve damage, vision loss, kidney disease, seizure, & coma. Fortunately, it's possible to lower your risk of developing the most common type of diabetes mellitus (type 2). And if you have diabetes mellitus, it's possible to keep your blood sugar level under control through diet, exercise, & medication.

How Do I Know If I'm At Risk?

Some people are at greater risk than others for developing diabetes mellitus. These include people who: are over age 45; are overweight; have had a close family member (a brother, sister, or parent) with diabetes; had diabetes during pregnancy; gave birth to a baby weighing more than 9 lb; or are African American, Hispanic, Asian American, Native American, or from the Pacific Islands. If you have any of these risk factors, be sure to tell your doctor & ask whether you should be tested for diabetes.

What Are The Warning Signs?

Signs & symptoms of diabetes mellitus include: being very thirsty, urinating often, feeling very hungry or tired, losing weight without trying, having sores that are slow to heal, having dry or itchy skin, having a tingling feeling or no feeling in your feet, & having blurry eyesight. But these signs & symptoms don't always develop right away. That's why doctors often test the blood sugar level in people at high risk for diabetes, even if they have no symptoms.

When Do I Need Medical Attention?

If you're diagnosed with diabetes, you'll need to test your blood sugar level several times a day. With practice, you'll also learn to recognize symptoms of hyperglycemia (such as increased thirst & a need to urinate frequently) & hypoglycemia (such as sweating, shakiness or dizziness, hunger, headache, sudden moodiness, & tingling around the mouth). Your doctor will tell you the best way to bring your blood sugar level back to normal when it's too high or too low.

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BLOOD SUGAR BASICS—(Continued from Page 8)

A serious, but treatable complication of diabetes is ketoacidosis, a life-threatening condition that occurs when insulin levels are extremely low. Symptoms include shortness of breath, “fruity-smelling” breath, very dry mouth, nausea or vomiting, abdominal pain, confusion, & dehydration. Ketoacidosis, which requires emergency medical treatment, most often develops when the body is stressed by such things as infection, severe injury, heart attack, stroke, or complications of pregnancy. That’s why, if you have diabetes, it’s important to check blood sugar levels even more frequently when you’re not feeling well.

How Can I Avoid The Problem?

If you’re at risk for diabetes, you can lower that risk by exercising regularly (about 30 minutes a day, five days a week), eating a healthy diet, & watching your weight. Research has shown that fitness is the best predictor of diabetes—better than age, ethnicity, or even family history. If you develop diabetes, the key to good blood sugar control is testing. Ask your doctor how often you should check your blood sugar, & make sure you stick with that schedule. You should also check your blood sugar level anytime you feel symptoms of high or low blood sugar & before you drive. If your blood sugar is very high (above 240 mg/dL), use a ketone dipstick to check your urine. If ketones are present, notify your doctor right away, & don’t exercise—it could make your blood sugar level even higher. If you feel that your blood sugar is too low (which can occur as a reaction to insulin or diabetes medication), but you can’t test it for some reason, it’s better to treat the reaction immediately than to wait until you can test your blood. You can raise your blood sugar by eating three glucose tablets, a half cup of fruit juice, or five to six pieces of hard candy. Discuss with your doctor what works best for you.

How Is It Treated?

You may be able to regulate your blood sugar through exercise (which makes your cells take sugar out of the blood), diet, & weight loss. If that doesn’t help, your doctor may prescribe insulin or a diabetes medication. Normally, the amount of sugar in the blood ranges from 70 to 120 mg/dL. People with diabetes usually should keep their blood sugar between 70 and 150 mg/dL overall, between 70 and 120 mg/dL before meals, and under 180 mg/dL after meals. Everyone is different, though, so your doctor will have to help you determine the best range for you & the best way to stay within that range.

Tight blood sugar control has been shown to slow or prevent the development of eye, kidney, & nerve disease in people with diabetes. But it isn’t for everyone. It takes commitment & can lead to more frequent episodes of hypoglycemia. Also, people who use tight control tend to gain more weight (on average, 10 pounds) than people who use a standard insulin treatment. Young children shouldn’t use tight control because blood sugar is vital to brain development. It also may not be appropriate for some people over the age of 65, because hypoglycemia can cause strokes & heart attacks in older people. Finally, it’s seldom advised for people who already have complications from diabetes, or who have cardiovascular disease, since the major goal of tight control is to prevent these problems.

SHINGLES

It started as a tingly, itchy feeling on one side of your back, where a painful rash broke out a few days later. Your doctor tells you that you have shingles, an infection that affects up to 1 million people in the United States each year.

What Is Shingles?

Shingles, which is also called herpes zoster, occurs in some people who have had chickenpox. The virus that causes chickenpox, varicella zoster, stays in the body's nerve tissue & can become active again—usually many years later. It travels down a nerve & breaks out on the skin in a rash that looks like chickenpox. The bandlike appearance of the rash led to the name shingles, which comes from cingulum, the Latin word for girdle or belt. No one knows what reactivates the chickenpox virus, but some experts think it may be age or stress. Most people recover from shingles & never have it again; only about 4% go on to have another episode.

Who Gets Shingles?

About 2 of every 10 people have shingles at some time in their life. This condition usually occurs after age 50, but it can affect younger people—particularly if their immune system has already been weakened by such things as HIV infection, cancer, chemotherapy, or radiation therapy.

What Are The Symptoms Of Shingles?

The first symptom usually is a burning sensation, numbness, itchiness, or stabbing pain, typically affecting the trunk or face—but only on one side of the body. A fever & a general overall feeling of weakness may also be present. After a few days, a rash begins as clusters of small bumps that become clear, fluid-filled blisters. Later, the blisters fill with cloudy fluid, break open, & begin to crust. Some people experience only mild itchiness; others have extreme & intense pain. After the scabs from the blisters fall off within a few days to a few weeks, the pain fades, & most people have no complications.

However, some people who have shingles on their face may experience temporary or permanent problems with hearing or vision, or both. Others may have temporary paralysis of the face, problems with sleep, anxiety, depression, or an inflammation of the brain called encephalitis. People who scratch their rash may get an infection, which can lead to scarring. Shingles can be especially serious in people with a weak immune system, in whom the virus can spread to the internal organs & affect the lungs & brain. Other people have painful after-effects known as post-herpetic neuralgia. This condition, which is more likely to occur in older people, may last for months or years. It can cause the skin to be so sensitive that wearing clothing is very painful.

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SHINGLES *(Continued from Page 10)*

Is Shingles Contagious?

It is possible for a person who has never had chickenpox to get chickenpox (but not shingles) from someone with shingles.

How Is Shingles Diagnosed?

Before the rash appears, it can be easy to mistake shingles for other conditions (for example, kidney stones, appendicitis, or heart attack), depending on the nerve that is affected. Once the rash breaks out, doctors can tell shingles apart from chickenpox by the pattern of the rash. If the diagnosis is still in doubt, laboratory tests can confirm it.

How Is Shingles Treated?

If started within 48 hours of the first symptoms, antiviral drugs such as acyclovir, valacyclovir hydrochloride, or famciclovir may shorten a shingles attack, make it less painful, & lessen the chance of postherpetic neuralgia. Pain relievers & cold compresses may also be helpful. If postherpetic neuralgia develops, some people may benefit from steroids, antidepressants, anticonvulsants, nerve blocks, or creams or ointments applied to the skin. Others may respond to relaxation exercises such as biofeedback or a technique called transcutaneous electrical nerve stimulations (TENS), in which small amounts of electric current are sent to the affected nerve. Current research is focusing on development of a vaccine to prevent shingles.

POLYPHARMACY AND THE OLDER PATIENT

Polypharmacy, the administration of an excessive number of drugs, is a significant problem among older adults. Although the elderly make up approximately 13% of the population, they take almost 30% of all prescribed medication. Whereas prescribed or over-the-counter drugs usually help maintain health & avert illness, taking combinations of certain medications may place you at risk for dangerous drug interactions. Symptoms of drug interactions include tiredness, constipation, diarrhea, incontinence, loss of appetite, confusion, falls, depression, weakness, hallucinations, anxiety, excitability, and/or dizziness. Because some of these side effects are akin to symptoms of normal aging or of certain diseases, polypharmacy is occasionally overlooked. You should never presume that a symptom is a normal sign of aging. Talk to your doctor if you are experiencing side effects so that he or she can rule out the possibility of over-medication or prescribe fewer or different drugs.

Do not stop a drug treatment unless instructed by a physician. You should carry a record of your medications at all times & bring it to each visit with your doctor. Make certain that you know why you take each drug & that you are clear about the instructions (when to take your medication, whether to take it with food or drink, what to avoid while taking the drug, etc). Tell your doctor if you think you are taking too many medications or if you take any OTC drugs or dietary supplements (herbs, vitamins), because these may react poorly with other drugs. If you are taking drugs several different times a day, ask if it is possible to take any medications as a single daily dose. Ask your physician what to do if you miss a dose, & about possible side effects & what to do if they occur.

It is also important to talk with your pharmacist if you are considered at risk for polypharmacy. Ask him/her to check your medications in a drug interactions database to help identify possible harmful interactions. If a problem is found, alert your doctor. Your pharmacist can also give you easy-to-open containers & labels with large print if your vision is failing. If you are taking many different drugs at once, it may be difficult to remember when to take each one. Creating a medication schedule or using pill boxes and/or alarms or timers will help you administer multiple medications properly.

GERI - FIRM

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800-324-8387 x:6173 or 352-374-6173

Call this number if you need to change or cancel an appointment.

TelCare: A Patient's Advice Line

1-800-988-5641 or 352-379-4142

Call this number prior to coming to clinic, requesting an appointment, or if you have a health concern. Staff are specially trained to answer your questions.

Dietician:

800-324-8387, Beeper 1406

Josephine Hill can evaluate your nutritional status & assist you with special diets.

Social Worker:

800-324-8387, x: 6659

Victor Figueroa can help you obtain community services, complete advance directives, & provide counseling.

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